ENTRY BLANK

PLEASE TYPE OR PRINT

Ms.

Mr. Artist CATTIERINE REDMOND

(Last Name Last)

621-4360

Permanent Address	220	WESTSIXTH	ST.	CLEVEIAN
	Street			City

44113

Daytime Tel 216) 621 - 4360

Zip Area Code

Temporary of

Studio Address 1220 WET SIXTH ST CLEVELAND
Street City

Zip Daytime Te

If you do not presently live in one of the counties of the Western Reserve, in which county were you born?

Collaborator _____(If Any)

If May Show entries are not accepted or not sold:

Artist will pick up at Museum.

☐ Museum should dispose of.

☐ Museum should ship to artist at artist's expense

to this address:

Special Instructions

When necessary include below instructions on a drawing of how the object is to be assembled and displayed.

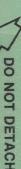
This Entry blank must be fully made out and signed. Unsigned Entry Blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until June 29, 1986.

The submission of objects will be construed as an acceptance by the artist of all terms and conditions printed in the Entry Information.

Signature



1	1. Painti			□ 3. PI	notography
Mater	ials				
01	L				
Title	BIG CI	OUP			
Price of	or NFS	Insurance if NFS O		Size (72"	× 7 × 84")
	GRAPHICS	AND PHOTOG	RAPHY	ONLY	
Addit For S		Total No. in Edit	tion	Price Unframed	Price of Frame
ACC	EPTED DO N	OT WRITE IN 1	HIS SE	CTION	ACCEPTED
REJE	CTED				REJECTED
2 Mater	1. Paint 4. Sculp	ings \square 2. Goture \square 5. C		□ 3. PI	notography
Mater	ials				
011					
Title LAT	EMORN	ING IN	THE	FLAT	3 (PROBE
Price	or NFS	Insurance V		Size	DI PIYCH
710,	000	If NFS Only		(34	"X 144")
	GRAPHI	CS AND PHOTO	GRAPH	IY ONLY	2")
Addit For S		otal No. in Edit	ion	Price Unframed	Price of Frame
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PEIE	CTED	1.1	DEIE	CTED	DATE